

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>8/4/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>20</i>	<i>8/14</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>W</i>	<i>64830</i>	<i>9-15</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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